नियंत्रण) आदेश, 1955 प्रख्यापित किया गया हैं । 74 औषधे "औषध नीति में संशोधन, 1986" के पैरा 22.7.2 में मापदण्डों को लागू करके पहचान किए गए उनके फार्मूलेशनों के साथ इस समय मूल्य नियंत्रणाधीन हैं ।

(ख) जी, नहीं ।

(ग) ऊपर (ख) को देखते हुए प्रश्न नहीं उठता ।

Polio Myelitis in Himachal Pradesh

2853. SHRI ANIL SHARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of cases of Polio Myelitis and malaria reported detected in Himachal during the last three years;

(b) the steps being taken by the Central Government to curb the menace of polio; and

(c) which are the World Bank aided projects being implemented in Health sector in Himachal Pradesh?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) The number of cases of Polio and Malaria reported in Himachal Pradesh during the last three years are as under:

Year	Polio	Malaria
1996	1	8349
1997	4	5320
1998	7	1433*

*Provisional

(b) In order to eradicate polio from the country all children under 5 years of age are administered oral polio vaccine twice every year since 1995. During 1999-2000 additional rounds of pulse polio immunization are also being undertaken. Surveillance efforts are being intensified to detect all polio cases.

(c) The Reproductive and Child Health with World Bank assistance, in phased manner to cover all States including Himachal Pradesh. A Sub-Project is also being implemented in Kinnaur District of Himachal Pradesh with World Bank Support.

Legislation regarding upbringing of children

2854. SHRI NARENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is a need for a legislation in the country to enforce the responsibility of both the mother and father in upbringing their children;

(b) what is Government's policy to control intensified migration and consequent urbanisation; and

(c) whether Government have any policy referring to adoptions and alernate family care?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Department of Women and Child Development have informed that they are not considering any legislation in this regard.

(b) As per information given by the Ministry of Urban Affairs and Employment, with regard to migration to mega cities from rural area and small and medium town, the approach of the Government is to address the problem through Rural Development Schemes and the Scheme of Integrated Development of small and medium town (IDSMT).

The various rural development programmes such as Jawahar Rozgar Yojana (JRY), Integrated Rural Development Programme (IRDP), Million Wells Scheme (MWS), Employment Assurances Scheme (EAS), Development of Women & Children in Rural Areas (DWCRA), Training of Rural Youth for Self Employment (TRYSEM), Drought Prone Areas Programme (DPAP), Desert Development Programme (DDP), Rural Water Supply (RWS) etc., formulated by

the Government of India emphasises the creation of job opportunities in villages through public works, employment and income generating programmes etc. The IDSMT Scheme aims at the development of selected regional growth centres with key infrastructure so as to enable them to function as generators of economic growth and employment and to minimise the incentive of migrants belonging to villages and small & medium town to move to large cities.

(c) As per information given by Ministry of Social Justice and Empowerment, adoption has been considered a most ideal affective medium of non-institutional rehabilitation for orphaned, abandoned, relinquished, neglected and destitute children. In India there is no uniform law on adoption. Hindus can adopt a child under the Hindu Adoption and Maintenance Act, 1956, while others can take a child under their guardianship under the Guardians and Wards Act, 1890.

अखिल भारतीय आयुर्विज्ञान संस्थान में घटिया दवाइयों की खरीद

2855. **श्री खान गुफ़रान ज़ाहिदी** : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार का ध्यान समाचार-पत्रों में प्रकाशित इस समाचार की ओर दिलाया गया हैं कि देश में शीर्ष अस्पताल, अखिल भारतीय आयुर्विज्ञान संस्थान में बड़ी मात्रा में पुरानी और घटियां दवाइयों की खरीद की जा रही, और

(ख) यदि हां, तो सरकार की इस पर क्या प्रतिक्रिया हैं और दोषी अधिकारियों के विरुद्ध क्या कार्रवाई की जा रही हैं ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री दलित एजिमलाई) : (क) और (ख) संस्थान ने सूचित किया हैं कि उनके द्वारा घटिया गुणवत्ता की कोई औषधी नहीं खरीदी जा रही हैं।

केन्द्रय जांच ब्यूरो, भ्रष्टाचार निरोधक ब्यूरो, दिल्ली ब्रांच ने दिनांक 9.10.97 को संस्थान की एक आकस्मिक जांच के दौरान जाच हेतु पट्टी और गेज के कुछ नमूने लिए थे। केन्द्रीय जांच ब्यूरो ने अत्यधिक मूल्यों पर घटिया सफाई सामग्री की खरीद से संबंधित अनियमितताओं के बारे में सूचना प्राप्त होने पर दिनांक 30.10.98 को अखिल भारतीय आयुर्विज्ञान के संस्थान के भण्डार की अन्य आकस्मिक जांच की और अखिल भारतीय आयुर्विज्ञान संस्थान के कुछ, अधिकारियों, राष्ट्रीय उपभोक्ता सहकारी फेडरेशन और प्राइवेट आपूर्तिकर्ताओं के विरुद्ध एक मामला दर्ज किया। इन मामलों की जांच पड़ताल की जा रही हैं।

केन्द्रीय जांच ब्यूरों ने दिनांक 4 मार्च, 1999 को संस्थान के चार अधिकारियों, एक प्राइवेट आपूर्तिकर्ता, राष्ट्रीय उपभोक्ता सहकारी फैडरेशन के कुछ अधिकारियों और अन्य अज्ञान व्यक्तियों के विरुद्ध एक प्रथम सूचना रिपोर्ट दर्ज की हैं और जांच-पड़ताल के लिए एक नियमित मामला दर्ज किया हैं। अखिल भारतीय आयुर्विज्ञान संस्थान ने अस्पताल भण्डार रिकार्डो/फाइलों की जांच करने हेतु एक आन्तरिक समिति गठित की थी जिसके सदस्य वरिष्ठ संकाय सदस्य/अधिकारी थे। समिति ने रिकार्डो की जांच करने के बाद क्रय-क्रियाविधियों को सरल और कारगर बनाने के लिए उपचारी उपाय सुझाए हैं।

DOT'S Strategy to Combat T.B.

2856. SHRI SATISH CHANDRA SITARAM PRADHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have adopted DOTs strategy to combat T.B.; and

(b) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) Yes, Sir. The Revised National Tuberculosis Control Programme (RNTCP) with DOTs strategy was launched on 26th March, 1997. The revised strategy is being implemented with World Bank assistance in 102 districts covering a population of 271.2 million in a phased manner over a period of 5 years. More than 100 million population in 39 1st year districts have already been covered under DOTs strategy. Preparatory activities have also started in another 39 districts covering a population of 116.78 million.